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Bib Data Sheet

CONFIRMATION NO. 4332

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/603,226 | FILING OR 371(c) DATE 06/25/2003 RULE | CLASS 607 | GROUP ART UNIT 3766 | ATTORNEY DOCKET NO. UPN-4238 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

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Michael D. Carlozzi, Boston, MA;

** CONTINUING DATA *****

This application is a CIP of 10/257,126 10/08/2002 which is a 371 of PCT/US01/05591 02/22/2001
which claims benefit of 60/184,491 02/23/2000
(*)Data provided by applicant is not consistent with PTO records.

PCT/US01/05991 02/23/2001
SJ

** FOREIGN APPLICATIONS *****

NONE SJ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
09/09/2003

** SMALL ENTITY **

| | | | | |
|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY PA | SHEETS DRAWING 12 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <u>Sharon Johnson</u> Initials <u>SJ</u> | | | | |

ADDRESS

23377

TITLE

Portable electrotherapy device for treating osteoarthritis and other diseases, defects and injuries of the knee joint

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 440 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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